PROVINCE OF NOVA SCOTIA

REPORT OF THE

Provincial Tuberculosis Hospitals

NOVA SCOTIA SANATORIUM

AND

POINT EDWARD HOSPITAL

FOR THE YEAR ENDED DECEMBER 31

1972

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To His Honour,

THE HONOURABLE CLARENCE L. GOSSE

Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the report of the Provincial Tuberculosis Hospitals for the year ended December 31, 1972.

I have the Honour to be

Sir,

Your most obedient servant,

Hon. D. Scott MacNutt
Minister of Public Health

J.J. Stanton, M.D., D.P.H.
Chief Administrator
Department of Public Health

Sir:

I have the honour to submit the Fourteenth Annual Report of Provincial Tuberculosis Hospitals. This is made up of the Sixty-eighth Annual Report of the Nova Scotia Sanatorium and the Twenty-fourth annual report of the Point Edward Hospital. These reports cover the calendar year, 1972. They are preceded by Table A, a combined statistical report.

Respectfully submitted,

H.B. Colford, M.D., M.P.H.

Administrator

Child & Maternal Health and

Communicable Disease Control

TABLE A

COMBINED STATISTICAL REPORT

FROM THE NOVA SCOTIA SANATORIUM AND POINT EDWARD HOSPITALS

CONCERNING THE PATIENT POPULATION, EXCLUDING TREATMENT OF SICK STAFF

FOR THE CALENDAR YEAR 1972

	Nova Scotia Sanatorium Est. 1904		Point Edward Hospital Est. 1949		Totals	
	1971	1972	1971	1972	1971	1972
Number of patients in hospital, Jan. 1	109	100	41	34	150	134
Total admissions during year	537	547	146	128	683	675
Total under care during year	646	647	187	162	833	809
Total discharges during year	546	552	153	138	699	690
Total patients in hospital, Dec. 31	100	95	34	24	134	119
Total patient days	42,497	37,574	15,063	13,194	56,936	50,768

Nova Scotia Sanatorium

Kentville, Nova Scotia

68th ANNUAL REPORT

Calendar Year 1972

SIXTY-EIGHTH ANNUAL REPORT

OF THE

NOVA SCOTIA SANATORIUM

FOR THE YEAR ENDING DECEMBER 31, 1972

GENERAL INFORMATION

Free treatment for tuberculous persons in Nova Scotia became effective July 1, 1946. Application for admission of a tuberculous or a suspected tuberculous patient to the Sanatorium is made by the family physician through the Director of the Health Unit of his district recommending further investigation and/or treatment of the patient. If approved, the Director then contacts the office of the Medical Director, requesting the admission which is authorized without delay.

The Sanatorium may be reached daily by the Dominion Atlantic Railway. Taxis meet all trains at Kentville, from which it is only a short drive to the Sanatorium. There are good bus connections daily to and from Kentville.

An information pamphlet, "Welcome", is available from all Health Unit Directors and from the Sanatorium. Prospective patients should read this before coming forward for admission in order to be informed regarding clothing requirements, visiting hours for friends, and other pertinent matters.

NOVA SCOTIA SANATORIUM
Kentville, N. S.

1972

Honourable D. Scott McNutt
Minister of Public Health

-- ADMINISTRATIVE AND TECHNICAL STAFF --

MEDICAL - FULL TIME STAFF

Helen M. Holden, M.D., F.R.C.P.(C), F.C.C.P	Medical Director
J. J. Quinlan, M.D., F.R.C.S.(C), F.C.C.P.	Thoracic Surgeon and Bronchoscopist
F. J. Misener, M.D., F.C.C.P.	Radiologist
A. Laretei, M.D.	Physician
Maria Rostocka, M.D.	Physician
* G. A. Kloss, M.D., F.C.C.P.	Physician
E. W. Crosson, M.D.	Physician

MEDICAL - CONSULTING STAFF

V. D. Schaffner, M.D., C.R.C.S.(C),F.A.C.S.	Surgeon
D. M. MacRae, M.D., C.R.C.S.(C), F.C.C.P.	Bronchoscopist
B. F. Miller, M.D., F.R.C.S.(Edin.) F.R.C.S.(C)	Consultant in Orthopedics
D. W. Archibald, M.D.	Consultant in Psychiatry
C. E. Jebson, M.D., C.R.C.S.(C)	Consultant in Urology
* D. H. Kirkpatrick, M.D.	Consultant in Anaesthesia
A. M. Sutherland, D.D.S.	Consultant Dentist

ADMINISTRATIVE AND TECHNICAL

P. S. Mosher, B. Comm.	Administrator
Miss E. Jean Dobson, R.N., B.Sc.N.	Director of Nursing
Mrs. K. Dakin, R.N.	Director of Nursing Service
Mrs. Catherine Boyle, R.N.	Director of Nursing Education
Miss Eileen Quinlan, B.Sc., P.Dt.	Director of Dietary Services
Miss Helen Morse, R.T.	Senior Laboratory Technician
D. M. Brown, B.A., B.Ed., M.S.W.	Director of Rehabilitation
Mrs. Elaine Murray, B.Sc., R.T.	Senior X-ray Technician

* Certified in specialty by Provincial Medical Board

Adi S. Jagosh, R.T.	Chief Technician Physical Medicine Dept.
Hector McKean, R.R.L.	Chief Medical Records Librarian

CHAPLAINS

Rev. Gary Tonks, Co-ordinating Protestant Chaplain
Rev. Harlan D'Eon, Roman Catholic Chaplain
Rev. J. Douglas Archibald, D.D., United Church Chaplain
Rev. W. A. Trueman, Anglican Chaplain
Prof. (Rev.) Charles Taylor, B.A., B.D. (Acadia) S.T.M. (Andover Newton) Chaplain - Supervisor, Clinical Pastoral Training, Nova Scotia Sanatorium
Associate Professor of Practical Theology, Acadia University

MEDICAL RECORDS COMMITTEE
Dr. H. M. Holden, Chairman
Mr. A. H. McKean, Secretary
Dr. A. Laretei
Dr. M. Rostocka
Dr. G. A. Kloss
Miss E. J. Dobson, R.N.
Mr. P. S. Mosher

TISSUE COMMITTEE
Dr. G. A. Kloss, Chairman
Dr. F. J. Misener, Vice Chairman
Dr. J. J. Quinlan

PHARMACY COMMITTEE
Dr. M. Rostocka, Chairman
Mrs. Shirley Maxwell, C.D.C., Secretary
Dr. H. M. Holden
Dr. E. W. Crosson
Miss E. J. Dobson, R.N.
Mr. P. S. Mosher

HOSPITAL INFECTIONS COMMITTEE
Dr. J. J. Quinlan, Chairman
Miss V. Skerry, R.N., Secretary
Dr. G. A. Kloss
Miss E. MacQuarrie, R.N.
Miss Helen Morse
Mrs. J. Ells
Charles Sheffield
Miss E. J. Dobson, R.N.
Mr. P. S. Mosher

FIRE PROTECTION COMMITTEE
Mr. P. S. Mosher, Chairman
Dr. H. M. Holden
Miss E. Jean Dobson, R.N.
Mr. B. Robinson
Miss Eileen Quinlan
Mrs. J. Ells

The Nova Scotia Sanatorium was founded in 1904 and was the first provincially owned and operated Sanatorium in Canada. During the early years of its existence when the "cure" consisted of bed rest, diet, and fresh air , the institution grew rapidly and by the end of the first World War had reached a peak population of 400. During this period, many of the familiar brown wooden buildings in use today were built. The Sanatorium continued to operate at high levels of occupancy until the 1930's when the first definitive treatment, surgery, was introduced. At the same time, the newest of the patient care facilities was constructed. 1947 saw the first use of a drug effective against tuberculosis and from then on a dramatic decrease in the incidence of the disease has been measured by the closure of tuberculosis units in other places and a substantial decline in the utilization of the Sanatorium.

The rate of decrease in patient days during 1972 was similar to that experienced in the previous year of approximately 12%. However, the decrease in tuberculosis patient days was higher at 17% while nontuberculosis patient days increased by 8%. There appears to be a clearly established trend to declining patient days for tuberculosis care at about 15% per year. If this trend continues without any significant change in the treatment for the disease, by 1977 patient days for tuberculosis treatment will be approximately 12,000 or 56% less than the 27,712 days in 1972. At that time, the operation of 40 tuberculosis beds should be sufficient to meet the demand. This bed requirement does not take into account changes that may occur if greater emphasis is placed on out-patient treatment of tuberculosis. If this happens, undoubtedly the demand would be even lower. Also, the effect of improved anti-tuberculosis drugs such as Rifampin has not been reflected significantly in the utilization statistics during recent years. Undoubtedly, this will cause bed requirements to fall even more.

It had been anticipated that the demand for non-tuberculosis chest disease beds would increase almost without limit for the next few years since there is evidence of a relatively high degree of respiratory disease in the province. However, based on the experience of the past year, with an increase of 8% to 9,805 days, it would appear reasonable to assume that a levelling off of nontuberculosis patients days has occurred. During the year, all patients referred to the institution were admitted and only very slight delays were encountered because of the non-availability of beds.

Patients discharged in 1972 as shown in Table II did not vary significantly in total from the previous year. It is noted, however, that nontuberculosis admissions increased by 15% while tuberculosis admissions decreased by 6% and staff admissions decreased by 48%. The relatively large decrease in staff admissions is due to the closing of the staff infirmary during the year. By 1974, it is anticipated that admissions of staff will cease entirely since at that time all staff residence facilities should be closed.

The length of stay of tuberculosis patients, Table V, when one long stay is disregarded, has been reduced by 16% from the previous year. This, together with the slightly lower rate of discharge, accounts for the decrease of patient days. The nontuberculosis patient days stay increased to 35 days in 1972 which was 9% greater than the previous year.

Tables III and IV do not note any significant departure from the previous year. However, it is interesting to note that among the patients discharged during the year, one had a diagnosis of Hansen's Disease which apparently is one of the few times this diagnosis has turned up in Nova Scotia in recent years. The leading cause for nontuberculosis admissionswas chronic obstructive pulmonary disease followed by primary malignant neoplasm of lung and bronchus and bronchial asthma. Although the growth of the nontuberculosis service appears to be levelling off, it has established itself at a significant level

satisfying the demands of the western Nova Scotia area generally. As Table VI demonstrates, 85% of patients in this category came from the area west of Halifax County. All patients were seen on a referral basis, and as such most were in the category of elective admissions. However, on many occasions, the Sanatorium was called upon to give emergency services to highway, farm, and industrial accident victims. In some cases, it was demonstrated that the availability of the service at the Sanatorium was life-saving in that the patient, in all probability, would not have survived transportation to a referral hospital in Halifax.

In 1972, there were 200 major and minor surgical procedures. This compares with 243 in the previous year, a decrease of 18%. Of this total, 128 were minor procedures.

X-ray Department volume increased by 4% to 8,510 procedures in 1972 and the major portion of this increase is accounted for in chest x-rays. The film developing service for the Department of Public Health decreased by 27% in 1972. However, this increase is not particularly significant since work units for film developing are very low.

Laboratory volume showed a very slight 1% increase over the previous year and total units performed in the institution were 125,780 as demonstrated in Table IX. However, it is perhaps significant to note that the milk and water laboratory volume decreased by 10% while the general laboratory workload increased by 3%. At the end of the year, it was decided that the tuberculosis bacteriology work would be transferred to the Pathology Institute at Halifax. The basis on which this decision was made was primarily safety, since that institution had unused facilities properly designed for the purpose, as opposed to the extremely outdated facilities available at the Sanatorium. The effect of this change will be to remove approximately 30% of the workload from the Sanatorium although it is not anticipated that it will have any significant or deterimental effect on the services of the institution.

Table X sets out the volumes of various sundry services of the institution. In most cases, there were no significant changes from the year previous. However, it is worthwhile to note that general outpatient visits were down 10% from last year. The upgrading of respiratory care facilties contributed to the 21% increase in the Inhalation Therapy Department and this presumably had some effect on the 16% increase in the Blood Gas Analysis Laboratory. It is obvious that the role of the Sanatorium in providing local treatment facilities for outpatients with nontuberculous respiratory disease is significant and is growing. It follows that complementary outpatient services, such as pulmonary function testing, allergic testing, and others, should increase in the same proportion.

At the time of writing this report, audited financial statements for the period ended March 31, 1973, are not available, but these will be recorded in the public accounts at a later date. Projections of expense at this time indicate that the experience of last year has been repeated with a substantial under-expenditure of budget estimates occurring. This is due to a large extent to a concerted effort by all department heads and staff to examine their method of operation and seek the most economical organization of services.

The calendar year 1972 was quite eventful for the Nova Scotia Sanatorium and the foregoing description of statistical information by no means gives a full account of activities.

In January, the Sanatorium commenced providing dietitian services to the Eastern Kings Memorial Hospital in Wolfville as had been agreed in the fall of the year previous. The service, a minimum of two half days per week, is provided on a guaranteed basis and assures that hospital of service 52 weeks per year. At last report, the service was functioning satisfactorily from the point of view of the Wolfville hospital, and in addition provided a worthwhile diversion of interest for the dietitians at the Sanatorium. It indicates that the provision of dietitian services on a shared or regional basis is feasible and of benefit,

particularly to the smaller hospital. The Department, under the direction of Miss Eileen Quinlan, P.Dt., organized a dietetic internship rotation for students from the Victoria General Hospital at the Sanatorium and other hospitals in the area. The program proved to be extremely popular with the students and gave them an insight into the operation of smaller community hospitals.

The medical director, Dr. Helen Holden, was appointed to a Steering Committee set up by the Department of Preventive Medicine, Dalhousie University, which acted in an advisory capacity in a study of tuberculosis and chronic respiratory disease services in Nova scotia. This report was prepared for the Nova Scotia Council of Health and was part of their review of health services in Nova Scotia.

During the year, three nursing units were closed permanently. A low patient census made it possible to close the second floor of the West Infirmary in March and this was followed, in early summer, by the closing of the Children's Annex and the first floor of the West Infirmary as renovations making more patient accommodation available in the East Infirmary were completed. With these closures complete, all patients are now housed in the East Infirmary building which is the most modern of the patient accommodation facilties, having been constructed in 1932.

The dining room in the service building was converted to cafeteria service in May. This was a long awaited event and has been received by patients and staff most enthusiastically. Just immediately prior to this conversion, the patient's dining room had been consolidated in the main dining room with ambulatory patients and staff now being served from the same facility.

In May, the Sanatorium was invited to participate in the Valley Regional Health Planning Advisory Committee, established by the Nova Scotia Council of Health to review the delivery of health care in the area. A brief was prepared and submitted to the Committee, and subsequently to the Health Council, which outlined the role the Sanatorium has played in

the treatment of tuberculosis since 1904, the current program and status of the institution, and indicated future aspirations. This was probably the first opportunity the Sanatorium has ever had to discuss the future planning in co-operation with other hospitals in the area, and proved to be a very worthwhile educational exercise for all concerned. One of the most worthwhile visible spinoffs of these meetings was a greater degree of inter-hospital co-operation.

In June, we were honoured with a visit by Dr. and Mrs. J. S. Robertson, Deputy Minister, and Mr. and Mrs. G. E. Gregoire, Director of Office Services, from the Department of Healic Health. The occasion of this visit was the retirement of both from the public service and a staff luncheon was held in their honour. Both of these gentlemen had been associated with the Department of Public Health for a great many years, and during the course of their service have had a substantial influence on the operation of the Nova Scotia Sanatorium.

On July 1, the Sanatorium inaugurated a complete laundry service for the Blanchard-Fraser Memorial Hospital in Kentville. Previously unused laundry potential and the availability of staff made it possible to provide this service and produce a substantial net income to the institution. By year end, it was obvious that this facet of our operation was producing a top-quality service and productivity of staff in the laundry had increased by nearly 100%. A great deal of the credit for the success of this project is due to Mr. Kenneth Wheatley, Laundry Manager, for his persistence in overcoming a number of operational problems and to the laundry staff for the willingness with which they accepted the challenge and the excellent results that they have achieved.

The summer proved to be a very busy period. The Minister of Public Health, the Honourable D. Scott MacNutt, and Dr. C. L. Gosse, Chairman of the Nova Scotia Council of Health, visited the Sanatorium and made a complete tour of the facilities and discussed, in some detail, the current

operations of the institution. This visit was followed by one from the Premier, the Honourable Gerald A. Regan, who also toured the facility in order to obtain a better appreciation of its role in the health care delivery system. Both of these visits proved to be a great morale builder for staff and patients.

In August, the Sanatorium was surveyed by the Canadian Council on Hospital Accreditation. The surveyor was Dr. A. Taylor from Saskatchewan, who spent a full day at the institution reviewing all aspects of patient care and administration. When the report was received, we were very pleased to learn that once again the Nova Scotia Sanatorium had been granted full accreditation status and that a number of commendations for competent work were made. The surveyor paid particular note to the quality of medical records which reflect the quality of medical care and indicated that these were among the best he has ever seen.

At the end of August, it was possible to occupy the new Respiratory Technology Department which also included the Physical Medicine Service, EKG Service, Blood Gas Analysis and Pulmonary Function Service. This new department occupied the basement of Miller Hall in a space formerly used by Medical Records. The complete renovation, including the installation of a medical compressed air system, was carried out entirely by Sanatorium maintenance personnel. It increased by threefold the space available to the services which are the growing aspect of the Sanatorium operation.

The new Deputy Minister of Public Health, Dr. G. Graham Simms, visited the Sanatorium early in September, along with the Deputy Minister of Public Works, Mr. Donald Power. The purpose of their visit was to survey the condition of the Sanatorium buildings and establish priorities for their use and their replacement. Out of this visit, came a decision to demolish the recreation building,which was begun in December, and a plan to construct a new service and administration wing as part of the East Infirmary building and relocate the

laboratory to the second floor of Miller Hall. With these changes, the bulk of the Sanatorium operation would be consolidated in one area, giving rise to greater efficiency, and the West Infirmary, Service Building, and Annex could be demolished over the next two years thus eliminating a very serious safety problem. At the same time, it was decided that if at all possible the heating plant would be converted from coal to oil. This is necessitated mainly by the non-availability of coal since the mine supplying the fuel for which our boilers had been designed had been closed in June of this year. By year end, all of these projects were proceeding on schedule, and it appeared that they could be completed by the end of 1973.

The year 1972 was saddened by the sudden death of Dr. Vernon Douglas Schaffner who had been associated with our institution since he first came to Kentville in 1934. Not only did he become one of Nova Scotia's most distinguished general surgeons but he was also a Canadian pioneer in the specialty of thoracic surgery. He made outstanding contributions in both fields.

Dr. Schaffner organized the department of surgery at the Nova Scotia Sanatorium in 1934 and this led to the opening of the operating room in 1936. Prior to this it had been necessary to carry out surgical procedures on Sanatorium patients at the hospital in Wolfville as there was no hospital in Kentville at the time. Throughout the subsequent years he was instrumental in introducing and developing the many procedures

advocated for the surgical management of tuberculosis. Because he was there, the Nova Scotia Sanatorium acquired its reputation as an outstanding thoracic surgical centre.

The relationship of the Sanatorium to the local fire Departments continued in a spirit of co-operation during the year. In June, another large scale fire drill was held on the premises which involved co-operation of all the Kings County fire departments. The Sanatorium is very appreciative of the high level of interest shown and particularly to the Sanatorium fire department which is a volunteer group of personnel under the direction of Fire Chief Bernard Robinson.

During the year, the Sanatorium honoured the following personnel for their years of faithful service to the institution. Annie Boylan, Head Seamstress, 12 years; Katie O'Handley, domestic, 45 years; Brenda Carter, housekeeper, 11 years; Violet Silver, Rehabilitation Instructor, 14 years; Edna Comeau; Head Nurse, 14 years; Ina Manning, laundress, 17 years; James Lightfoot, cook's helper, 32 years; Allan MacKinnon,CNA, 21 years; Frances Reid, orderly, 14 years.

The interest of various groups from the town of Kentville and the surrounding area and other provincial charitable and religious groups in providing services and entertainment for patients is greatly appreciated.

Since this is my last report as Administrator of the Nova Scotia Sanatorium, I would like to express my personal thanks to those who have made my job most rewarding. We have made a great many changes during the last two and one-half

years, many of which required a great deal of adjustment on the part of a number of personnel. It is not for me to judge the merits of most of what has transpired except to say that I am confident that we have made tremendous strides in improving the operation of the short run, and pointing the direction in which the institution can proceed in the long run. I am convinced that the improvements made will have a positive benefit on patient care and the economics of operation. Without the co-operation of the entire staff, many of the changes would have been impossible, and at the risk of offending those whom I do not mention, I would like to specifically thank Dr. Helen Holden, Medical Director, Miss Jean Dobson, Director of Nursing, Miss Eileen Quinlan, Chief Dietitian, and Mr. John Akin, Business Manager, for their support and co-operation. While the declining tuberculosis rate leaves some doubt about the future role of the institution, I have no doubt that the excellent staff is adaptable to any role and will gladly undertake any task that is put before them.

P. S. Mosher,
Administrator

STATISTICAL REPORT

FOR THE CALENDAR YEAR ENDING DECEMBER 31, 1972

Table I	1972	1971	1970
Number of patients in residence at first of year	100	109	128
Number of patients admitted during the year	354	330	283
Number of patients readmitted during the year	193	207	167
Total number of patients treated during year	647	646	578
Number of patients discharged during the year	552	546	469
Number of patients in residence at end of year	95	100	109
Number of days treatment	37,574	42,497	48,474

	1972	1971
Number of days treatment - tuberculous	27,712 or 74%	33,282 or 78%
- nontuberculous	9,805 or 26%	9,085 or 21%
- staff	57 or 0.1%	130 or 0.3%

Table II PATIENTS DISCHARGED CALENDAR YEAR 1972

		1972	1971
TUBERCULOSIS:		120	114
Active:			
First treatment experience	83		
Retreatment	15		
To continue treatment	22		
		88	105
Inactive			
Investigation of activity	48		
Treatment of nontuberculous disease	40		
Tuberculin Converter			3
Total patients with tuberculosis		208	222
INVESTIGATION - PROVEN NONTUBERCULOUS:		321	280
New	258		
Previously treated	63		
STAFF		23	44
Total discharges		552	546

Table III (a)

PRINCIPAL DIAGNOSIS OF PATIENTS DISCHARGED AFTER TREATMENT FOR ACTIVE TUBERCULOSIS

Calendar Year 1972

	First Treatment	Retreatment and transfers
Primary Infection - active	6	
Reinfection Pulmonary Tuberculosis		
Minimal	16	7
Moderately advanced	28	14
Far advanced	20	9
Miliary	1	
Silicotuberculosis		3
Pleural tuberculosis	3	1
Endometritis	1	
Lymphadenitis	4	
Meningitis	1	
Osteochronditis	1	
Spondylitis		2
Tenosynovitis	1	
Tuberculosis of hip	1	1
TOTAL	83	37

Table III (b)

PRINCIPAL DIAGNOSIS OF PATIENTS DISCHARGED WHO HAD INACTIVE TUBERCULOSIS ON ADMISSION

Aspergillosis	1
Primary malignant neoplasm of lung	3
Coronary artery heart disease	1
Hypertensive cardiovascular disease	1
Acute bronchitis	2
Pneumonia	6
Emphysema	2
Chronic obstructive pulmonary disease	17
Progressive pulmonary fibrosis	2
Cirrhosis of liver	1
Trauma	2
Acute respiratory failure	2
TOTAL	40

Table III (c)

DIAGNOSES OF NONTUBERCULOUS PATIENTS DISCHARGED

Calendar Year 1972

Hansen's Disease	1
Mycobacteriosis	1
Sarcoidosis	4
Primary malignant neoplasm of lung and bronchus	24
Secondary malignant neoplasm of thoracic organs	8
Tumour mediastinum	1
Acute myocardial infarction	3
Coronary artery heart disease	3
Bronchopneumonia	16
Pneumonia, other and unspecified	16
Chronic bronchitis	16
Emphysema	7
Bronchial asthma	23
Other chronic obstructive pulmonary disease	62
Empyema	2
Pleurisy with effusion, non tuberculous	2
Spontaneous pneumothorax	6
Abscess of lung	2
Pneumonoconiosis	2
Farmer's Lung	1
Fibrosis of Lung, etiology undetermined	4
Bronchiectasis	6
Giant lung cyst	3
Diaphragmatic hernia	3
Trauma, chest	10
Foreign body, trachea and/or esophagus	2
Other sundry diagnoses	15
No significant disease or not diagnosed	15
TOTAL	258

Table IV

AGE GROUP OF PATIENTS DISCHARGED

Calendar Year 1972

AGE GROUP	TUBERCULOUS			NONTUBERCULOUS		
	Male	Female	Both Sexes	Male	Female	Both Sexes
0 - 4	2		2			
5 - 9	2	2	4	1		1
10 - 14		1	1	1	4	5
15 - 19		2	2	3	2	5
20 - 29	8	10	18	8	13	21
30 - 39	13	4	17	16	11	27
40 - 49	13	18	31	26	14	40
50 - 59	37	4	41	45	31	76
60 - 69	36	9	45	64	25	89
70 - 79	25	10	35	29	20	49
80 +	8	4	12	8		8
ALL AGES	144	64	208	201	120	321

Table V

LENGTH OF IN-HOSPITAL TREATMENT PERIOD

First Treatment Experience - Discharged on Medical Advice

Calendar Year 1970

Diagnostic Group	Number of Cases	Total Days	Range	Average Days
Minimal	6	1406	21 - 397	234
Mod. advanced	25	6907	90 - 419	276
Far advanced	19	8272	234 - 713	435
ALL CASES	50	16,585	21 - 713	331

Calendar Year 1971

Diagnostic Group	Number of Cases	Total Days	Range	Average Days
Minimal	19	3703	18 - 396	195
Mod. advanced	24	6255	70 - 585	261
Far advanced	10	4932	117 - 844	493
Miliary	1	589	589	589
ALL CASES	54	15,479	18 - 844	287

Calendar Year 1972

Diagnostic Group	Number of Cases	Total Days	Range	Average Days
Minimal	14	1691	24 - 407	121
Mod. advanced	23	5139	47 - 658	223
Far advanced	14	11,997	183 - 6432	857*
Miliary	1	199	199	199
ALL CASES	52	19,026	24 - 6432	366 *

* If the longest stay case were omitted the average stay for far advanced would be reduced to 428 days and average total to 246.

Table VI

COUNTY OF RESIDENCE OF PATIENTS DISCHARGED

Calendar Year 1972

COUNTY OF RESIDENCE	Nontuberculous	Tuberculous	Total
Annapolis	65	14	79
Antigonish	5	5	10
Cape Breton	2	11	13
Colchester	7	9	16
Cumberland	10	9	19
Digby	9	11	20
Guysborough	4	7	11
Halifax	11	54	65
Hants	21	8	29
Inverness	1	2	3
Kings	145	25	170
Lunenburg	22	11	33
Pictou	4	23	27
Queens	1	2	3
Richmond	0	1	1
Shelburne	3	5	8
Victoria	1	0	1
Yarmouth	6	10	16
Non Resident	4	1	5
TOTAL	321	208	529

Table VII SURGICAL PROCEDURES
Calendar Year 1972

A.	Pulmonary Resection		47
	Indication (including biopsy for diagnostic purposes)		
	Bronchiectasis	2	
	Bronchogenic cyst	2	
	Carcinoma, primary	6	
	Cyst, giant	2	
	Farmer's Lung	1	
	Pneumoniti , chronic	3	
	Sarcoidosis	2	
	Silicosis	2	
	Spontaneous pneumothorax	1	
	Tuberculosis	26	
	For Pulmonary Tuberculosis		
	Lobectomy	6	
	Bisegmentectomy	5	
	Segmentectomy	11	
	Wedge Resection	4	
		26	
	Operative Mortality	0.0%*	
	*Based on tuberculosis cases only		
B.	Sundry Surgical Procedures - Major		25
C.	Sundry Surgical Procedures - Minor		128
	Total Surgical Procedures		200

Table VII (cont'd.)

D. Anaesthesia:

Pentothal Sodium + Nitrous Oxide + Halothane + Syncurene + Anectine	56
Pentothal Sodium + Nitrous Oxide + Halothane	10
Nitrous Oxide + Halothane + Syncurene + Anectine	1
Nitrous Oxide + Halothane	4
Pentothal sodium + Nitrous Oxide	1
Novocaine 2%	132
Pontocaine 2%	333
Xylocaine jelly	14
Spinal	3

Table VIII X-RAY DEPARTMENT REPORT

Abdominal, flat film		24
Barium enema		3
Bones & Joints		304
Bronchograms		55
Chest		5014
Cystograms		1
Dental		16
Esophagus		41
Fistula - contrast media		6
Gall Bladder		2
Gastrointestinal		18
Kidney-Ureter-Bladder		27
Planigrams		90
Sinus & Mastoid		7
Outside films interpreted		2902
For Atlantic Health Unit	1810	
Others	1092	
		8510

2927 Outpatient X-ray examinations included in above table.

Film developing service for Department of Public Health:

Cobequid Health Unit	503
Fundy Health Unit	1098
Lunenburg-Queens Health Unit	1222
Northumberland Health Unit	1952
Atlantic Health Unit	500
All Units	5275

Table IX LABORATORY REPORT

Units of work performed:	1972	1971	1970
General laboratory	109,983	106,518	98,400
Milk and Water laboratory	15,797	17,649	11,587
Total Units performed in Nova Scotia Sanatorium Laboratory	125,780	124,167	109,987
Units of work performed for the Sanatorium by Public Health, Red Cross, and Biochemical Laboratories Halifax	19,132	19,380	21,589
Units of work performed for the Sanatorium by:			
Pathology Laboratory, Halifax	1,192	1,344	1,152
Blanchard Fraser Memorial Hospital, Kentville	356	356	166
Total Units of Work referred out	20,680	21,080	22,907

Table X SPECIAL SERVICES

			1972	1971
A.	Outpatient Department:			
	Total visits to chest clinic		2783	3101
	Ex-patients	937		
	Staff	785		
	Others	1061		
	BCG Clinic:			
	Total vaccinations		55	45
	Nurses - graduate	2		
	- students	30		
	Other hospital personnel	4		
	Others	19		
B.	Bronchoscopy Service:			
	Bronchoscopic examinations		306	289
C.	Esophagoscopy Service:			
	Esophagoscopic examinations		2	1
D.	Physical Medicine Service:			
	1. Physiotherapy:			
	Electric Muscle stimulation		397	198
	Exercise - active and passive		4354	4602
	Massage		190	140
	Infra red light therapy		1972	2487
	Short wave therapy		591	565
	Steam packs		1364	876
	Wax baths		406	454
	Ultra sonic muscle stimulation		230	141

2. Inhalation Therapy:	1972	1971
Intermittent Positive Pressure Breathing	14,251	11,549
Postural Drainage*	416	542
Postural Drainage to obtain cytology specimens	2	62

*Postural Drainage includes 362 with IPPB to facilitate this procedure

E. Miscellaneous Diagnostic Procedures:

Department of Physical Medicine:		
Audiograms	57	97
Electrocardiograms	449	436
Cardiorespiratory Laboratory:		
Blood Gas Analysis	629	542
Pulmonary Function Tests	489	574

F. Psychiatric Services	Patients	Visits
Brain Disorders	6	7
Mental Deficiency	1	1
Psychotic Disorders	7	10
Psychoneurotic Disorders	11	18
Personality Disorders	6	12
Alcoholism	2	4
	33	52

G. Dental Service:

	1972	1971
Examinations	203	179
Prophylactic treatment	55	49
Extractions	220	193
Fillings	32	73
Artificial dentures (professional service only)	34	36

H. Special Services:

Allergy tests	60	27
Autopsy Examinations (autopsy rate 31%)	11	11
Cystoscopy	4	6
Dressings	7	6
Electrocardiograms interpreted for Point Edward Hospital	42	56
Eye examinations	190	208
Esophagoscopy	2	1
Injection of joint	3	1
Lumbar Puncture	9	16
Pelvic examinations	89	94
Piercing of ears	16	2
Sternal puncture	10	11
Syringing of ears	32	36

TWENTY-FOURTH ANNUAL REPORT
OF
POINT EDWARD HOSPITAL

N.S. DEPARTMENT OF PUBLIC HEALTH

SYDNEY, NOVA SCOTIA

For the calendar year

Ending December 31, 1972

HONOURABLE D. SCOTT MacNUTT
Minister of Public Health

DEPUTY MINISTER OF PUBLIC HEALTH
Doctor J.S. Robertson -- to June 30, 1972
Doctor G.Graham Simms - from July 1, 1972

Doctor H.B. Colford
Acting Administrator of Tuberculosis Control Services

MEDICAL STAFF

Medical Superintendent	Dr. D.S. Robb	
Asst. Medical Superintendent	Dr. T.K. Krayski	
Consultants	Dr. D.B. Archibald	-- Urology
	Dr. R.G. Chokshi	-- Bronchoscopy
	Dr. E.C. McDonagh	-- Psychiatry
Courtesy Consultants	Dr. H.R. Corbett	-- Radiology
	Dr. R. Mathieson	-- Pathology
	Dr. H.M. Holden	-- Cardiology

NURSING STAFF

Director of Nursing	Miss Katherine MacKenzie, R.N.
Asst. Director of Nursing	Mrs. Flora McDonald, R.N.
O.R. Supervisor	Miss Helen Chiasson, R.N.
Night Supervisor	Mrs. Edna MacDougall, R.N.
Evening Supervisor	Mrs. Lenore Lawley, R.N.
Relief Supervisor	Mrs. Winnifred Protheroe, R.N.
Head Nurses	Mrs. Irene Pierrynowski, R.N.
	Miss Theresa Bisson, R.N.

ADMINISTRATIVE AND TECHNICAL STAFF

Administrator & Medical Supt.	Dr. D.S. Robb
Chief Clerk	Mrs. M. Josephine MacKinnon
Stores Supervisor	Mrs. Isobel MacPherson
Medical Records	Miss Vivian Fraser
Dietitian	Miss B. Joyce Lewis (to Dec 31/72)
Housekeeper	Mrs. Mary Young
Laboratory	Miss Margaret Lamond
X-ray	Mrs. Ada O'Callaghan
Maintenance	Mr. Hubert Lewis
Rehabilitation	Mrs. Elizabeth Reid
Medical Secretary	Mrs. Georgia Weatherby
Assistant Dietitian	Mrs. Joan Chiasson

POINT EDWARD HOSPITAL

ANNUAL REPORT -- 1972

It is an accident of history that the annual reports of our Nova Scotia tuberculosis hospitals, which at one time included both medical statistics and a financial summary for the fiscal year, have in recent years presented medical statistics for the calendar year, but have been held up to accompany financial data for the later fiscal year (April - March), even though the financial information is printed separately.

Last year, because of the major changes taking place at Point Edward Hospital, with the imminent closing of the old building complex at the former Point Edward Navy Base, we attempted to bring our report up to date by presenting statistics for both 1971 and 1972, along with a commentary describing the status quo at the end of 1972, but found that in the process of printing the 1972 statistics were deleted, and the 1971 figures presented with a 1972 commentary and considered as a 1971 report.

This year, in order to get back into step, we are presenting our 1972 statistics, and repeating some of the points made in last year's commentary. We would suggest that those interested refer back to last year's report for further detail.

During 1972 the basic program of Point Edward Hospital continued. 128 patients were admitted for investigation and treatment, for an average stay in hospital of 99 days. The major problem remained that of pulmonary tuberculosis, although other forms of tuberculosis, and other chronic chest diseases, were also admitted for investigation and treatment, and an out-patient chest clinic was operated. The average daily census for the year was 36, representing a continued decline in utilization,

to the point where the hospital, which at one time had held over 180 patients, was down to 20% of that number.

The extra space was not entirely wasted — overcrowding had been eliminated, and wards had been closed as they became surplus, and this surplus capacity had enabled us to come to the rescue of other institutions damaged by fire -- the Glace Bay General Hospital Tb Annex in 1955, the Cape Breton Hospital in May 1970, and the Braemore Home in 1972. When the Braemore Home in Sydney River, a municipally operated home for the disabled, was destroyed by fire, we were able to provide accommodation for up to 117 Braemore patients from April 7, 1972 to April 2, 1973, a period almost exactly coinciding with our fiscal year.

The decline in Tb bed occupancy was part of a trend which has affected all our western world, and which had already seen the closure of the Tb Annexes and all but two of the Tb hospitals in Nova Scotia. But for Point Edward Hospital other pressures towards closure were presented by the physical state of the hospital buildings which had been built during World War II for wartime use as a Navy Hospital with a life expectancy of 5 to ten years, and which had already survived thirty years. Late in 1972 the Fire Marshall declared the buildings a fire hazard, and pointed out that the natural hazard of old wooden buildings had been increased by the presence of a hundred or more patients from the Braemore Home, many of whom were mentally defective, who through carelessness might more easily start a fire, and who would certainly be more difficult to evacuate in case of fire. With our own Tbc patients we had not been overly concerned — fire drills had demonstrated that we could evacuate the building in 3 to 5 minutes, as 90% or our patients were fully ambulant, and the few requiring assistance could easily be got out

even by a limited night-time staff.

So, in mid-December the decision was made that the old Point Edward Hospital complex should be closed, as soon as appropriate alternative accommodation could be found. This proved somewhat of a problem. Braemore Home eventually purchased a number of prefabricated units for temporary use while their new building was being constructed, and the Department of Public Health, after considering a number of unsuitable alternatives, was successful in renting (through the good auspices of the Department of Public Works) the Little Flower Institute Building from the Diocese of Antigonish, for joint use by the Cape Breton Addiction Center and by Point Edward Hospital. Certain structural modifications were required to suit the former orphanage to its new purpose, and it was not until May 2, 1973, that patients were transferred to the Little Flower site at 115 Alexandra Street, Sydney. But this story properly belongs to the 1973 rather than the 1972 report.

A NEW RESPIRATORY CENTER:

The understanding with the Diocese was that the occupancy of the Little Flower Building by Point Edward Hospital should be temporary only, that the long term use of the building should be by the Cape Breton Addiction Center and its program to rehabilitate alcoholics, and that Point Edward Hospital should find new quarters. Ideally, this would mean a merger with the new Respiratory Center which has been proposed as part of the future Regional Hospital for Cape Breton. The need for such a center is great, as the incidence of chronic bronchitis and emphysema is increasing rapidly in the general population and in Cape Breton we have the added problems of coal miners' pneumoconiosis. At Point Edward Hospital we have been doing some consultative work in

this field, but nowhere in Cape Breton are there the facilities to tackle this field properly. Furthermore, tuberculosis will be a continuing problem, even though hopefully a decreasing one, for many years. As the need for long-stay hospitalisation for Tb continues to decrease, facilities will still be required for investigation, for initiation of therapy and isolation of patients in their infective stage, for hospital treatment of complicated or uncooperative cases, and for supervision of long term home therapy. The fight against tuberculosis will be successful only if it is a continuing campaign, and such a battle can well be waged under the direction of a Respiratory Center attached to a large general hospital.

D.S. Robb, M.D.
Medical Superintendent

THE TWENTY FOURTH ANNUAL REPORT

of

POINT EDWARD HOSPITAL
N.S. Department of Public Health

Sydney, Nova Scotia

INDEX OF STATISTICAL TABLES

	Table No
Statistical Report of Admissions and Discharges and Comparison with Five Recent Years	1
Admissions: Source of Patients	2
Admissions: Diagnosis of Patients Admitted	3
Admissions: Age and Sex of Patients Admitted	4
Admissions: Residence of Patients Admitted	5
Sponsorship of Hospitalized Patients	6
Discharges: Classification	7
Discharges: Admission Diagnosis of Discharged Tbc Patients	8
Discharges: Clinical Condition of Patients on Discharge	9
Discharges: Type of Discharge of Patients with Tuberculosis	10
Discharges: Marital Status	11
Discharges: Religion	12
Discharges: Tuberculostatic drugs received while in hospital	13
Discharges: Associated Tbc Complications in Tb Patients	14
Discharges: Associated Non-Tbc Complications in Tb Patients	15
Report of Operating Room & Department Procedures	16
Report of Clinic Services	17
Laboratory Report: Units of Work Performed	18
Laboratory Report: Work Referred to Other Laboratories	19
Autopsy Statistics	20
Report of X-ray Department	21

POINT EDWARD HOSPITAL

ANNUAL REPORT

For the Calendar Year ending December 31, 1972

TABLE 1 -- STATISTICAL REPORT OF ADMISSIONS AND DISCHARGES:

	Male	Female	Total
Patients in hospital at beginning of year	25	9	34
Total Admissions during the year	92	36	128
Total under care during the year	117	45	162
Total Discharges during the year	102	36	138
Patients in hospital at end of the year	15	9	24
Total Patient-days	8553	4641	13194
Average Daily Census			36
Patient-days of patients discharged or dead			13649
Average length of Hospital Stay			99

STATISTICAL REPORT -- COMPARISON WITH 5 RECENT YEARS

	1967	1968	1969	1970	1971
Patients in hospital at beginning of year	70	52	64	37	41
Total Admissions during the year	173	193	165	143	146
Total Under care during the year	243	245	229	180	187
Total Discharges during the year	191	181	192	139	153
Patients in hospital at end of the year	52	64	37	41	34
Total Patient-days	25129	21715	22263	14439	15063
Average Daily Census	69	59	61	40	41
Patient-days of patients discharged or dead	25217	20391	26391	22838	20802
Average length of Hospital Stay	131	112	138	164	136

TABLE 2 -- ADMISSIONS DURING THE YEAR - SOURCE OF PATIENTS

TUBERCULOUS	Male	Female	Total
First Admissions	26	19	45
Readmissions, to resume treatment	5	2	7
Readmissions, to continue treatment	8	4	12
Transfers from other Tb Hospitals	3	-	3
For review and assessment only	25	7	32
Total	67	32	99
NON-TUBERCULOUS			
Staff	1	-	1
Other, for investigation and treatment	24	4	28
Total	25	4	29
Total Admissions	92	36	128

TABLE 3 -- ADMISSIONS: DIAGNOSIS OF PATIENTS ADMITTED -- 1972

TUBERCULOUS	Male	Female	Total	Percent
Primary	2	2	4	4.0
Minimal	16	4	20	20.2
Moderately advanced	26	15	41	41.4
Far advanced	16	10	26	26.3
Miliary	-	1	1	1.0
Anthraco-silico-tuberculosis	5	-	5	5.1
Chest Wall abscess	1	-	1	1.0
Genito-urinary tuberculosis	1	-	1	1.0
	67	32	99	100.0

NON-TUBERCULOUS	Male	Female	Total
Staff	1	-	1
Other, for investigation and treatment			
Abscess of lung		1	1
Bronchitis	3	2	5
Chronic obstructive pulmonary emphysema	1	-	1
Infected emphysematous cysts	1	-	1
Post-empyema fibrothorax	1	-	1
Ca of the lung	4	-	4
Suspected Ca of the lung	1	-	1
Hydrothorax	1	-	1
Hypertrophic tonsillitis	1	-	1
Pneumonia	4	1	5
Pneumoconiosis	4	-	4
Benign prostatic hyperplasia	1	-	1
No diagnosis	2	-	2
	24	4	28

Tuberculous	67	32	99
Non-tuberculous - staff	1	-	1
- other	24	4	28
TOTAL ADMISSIONS	92	36	128

TABLE 4 -- ADMISSIONS: AGE and SEX of PATIENTS ADMITTED -- 1972

	TUBERCULOUS			NON-TUBERCULOUS			TOTAL		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-9	1	2	3	-	-	-	1	2	3
10-19	-	3	3	-	-	-	-	3	3
20-29	7	5	12	1	-	1	8	5	13
30-39	3	2	5	2	1	3	5	3	8
40-49	12	4	16	2	1	3	14	5	19
50-59	23	6	29	12	-	12	35	6	41
60-69	13	6	19	3	2	5	16	8	24
70-over	8	4	12	5	-	5	13	4	17
Total	67	32	99	25	4	29	92	36	128

TABLE 5 -- RESIDENCE OF PATIENTS ADMITTED:

Cape Breton County	92	
Inverness County	10	
Victoria County	12	
Richmond County	9	
CAPE BRETON ISLAND		123
Halifax County	3	
Pictou County	1	
Antigonish County	1	
NOVA SCOTIA MAINLAND		5
TOTAL ADMISSIONS		128

TABLE 6 -- SPONSORSHIP OF HOSPITALIZED PATIENTS

	In Hosp Jan 1/72	Admitted 1972	Discharged 1972	In Hosp Dec 31/72	Hosp Days
Dept National Health & Welfare Indian and Northern --Eskasoni Agency	2	20	18	4	876
Dept of Veterans' Affairs	-	5	5	-	258
Total Federal Responsibility	2	25	23	4	1134
Province of Nova Scotia "	32	103	115	20	12060
Other Provinces - Reciprocity	-	-	-	-	-
TOTAL	34	128	138	24	13194

TABLE 7 -- DISCHARGES DURING THE YEAR: CLASS OF PATIENT -- 1972

	Male	Female	Total
Tuberculous	77	32	109
Non-tuberculous			
Staff	1	-	1
Other	24	4	28
Total	102	36	138

TABLE 8 -- DISCHARGES: ADMISSION DIACNOSIS OF DISCHARGED TBC PATIENTS

	Male	Female	Total	Percent
Primary	3	4	7	6.4
Minimal	13	4	17	15.6
Moderately advanced	35	15	50	45.9
Far advanced	19	7	26	23.9
Miliary	-	1	1	.9
Genito-urinary Tuberculosis	-	1	1	.9
Anthraco-silico-Tuberculosis	6	-	6	5.5
Chest Wall abscess	1	-	1	.9
Total	77	32	109	100.0

TABLE 9 -- DISCHARGES: CLINICAL CONDITION OF PATIENTS ON DISCHARGE

	Male	Female	Total	Percent
Pulmonary Tuberculosis:				
Inactive	30	14	44	40.4
Quiescent	28	10	38	34.9
Active - improved	15	6	21	19.3
Active - unimproved	2	-	2	1.8
Dead - from Tb or complication	-	-	-	-
Dead - from unrelated disease	1	1	2	1.8
Extra-pulmonary Tuberculosis:				
Active - improved	1	-	1	.9
Inactive	-	1	1	.9
Total	77	32	109	100.0
Non-tuberculous:				
Recovered or improved	9	2	11	37.9
Unimproved	15	2	17	58.6
Dead	1	-	1	3.5
Total	25	4	29	100.0

TABLE 10 -- DISCHARGES: TYPE OF DISCHARGE OF TBC PATIENTS-1972

	Male	Female	Total	Percent
On Medical Advice	61	26	87	79.9
Transfer to N.S. Sanatorium	12	-	12	11.0
Irregular Discharges Against Advice	3	5	8	7.3
Died	1	1	2	1.8
Total	77	32	109	100.0

TABLE 11 -- MARITAL STATUS - ALL DISCHARGED PATIENTS

Single	26	8	34	24.6
Married	65	16	81	58.7
Widowed	5	11	16	11.6
Separated	6	1	7	5.1
Total	102	36	138	100.0

TABLE 12 -- RELIGION - ALL DISCHARGED PATIENTS

Roman Catholic	71	23	94	68.3
United Church of Canada	13	6	19	13.7
Church of England	11	1	12	8.6
Presbyterian	5	4	9	6.5
Baptist	1	2	3	2.2
Salvation Army	1	-	1	.7
Total	102	36	138	100.0

TABLE 13 -- PATIENTS DISCHARGED - TUBERCULOSTATIC DRUGS USED WHILE IN HOSP.

Streptomycin	51
Isoniazid	83
PAS	54
Cycloserine	15
Ethionamide	7
Ethambutol	14
Pyrazinamide	3
Rifampin	3

TABLE 14 -- TBC PATIENTS DISCHARGED - ASSOCIATED TBC COMPLICATIONS
(for principal Tb Diagnosis refer to Table 8)

Bronchiectasis	6	Osteitis	1
Endobronchitis	2	Renal Tuberculosis	1
Pleural effusion	1	Spondylitis, inactive	1

TABLE 15 -- TBC PATIENTS DISCHARGED - ASSOCIATED NON-TBC COMPLICATIONS -- 1972
(for principal Tb Diagnosis refer to Table 8)

Respiratory System:	
Bronchitis	10
Emphysema	10
Fibrothorax	1
Kartagener's Syndrome	1
Pneumoconiosis	1
Spontaneous Px	1
Pulmonary radiation fibrosis	1
Pleural effusion	2
Influenza	1
Bronchopleural fistula	1
Post-op empyema with bronchopleural fistula	1
Pneumonia	14
Pulmonary aspergillosis	2
Diseases of the Skin:	
Cellulitis	2
Ca of the breast, arrested	1
Varicose dermatitis	1
E.E.N.T.:	
Cataracts	1
Otitis media	1
Deafness	1
Ca of larynx, arrested	1
Polypoid laryngitis	1
Nervous System:	
Alcoholism	2
Schizophrenia	4
Personality problem	1
Manic-depressive psychosis	1
Peripheral neuritis	1
Depression	1
Chronic Brain Syndrome	1
Schizoid personality with depressive reaction	1
Mongolism	1
Hemiplegia	1
Post-op diaphragmaticparalysis	1
Hormonal System:	
Diabetes Mellitus	5
Hypopituitarism	1
Gastrointestinal System:	
Peptic ulcer	3
Cholelithiasis	2
Cholecystitis	1
Diverticulosis	1
Esophageal stenosis	1
Hepatomegaly	1
Haemorrhoids	1
Bones and Joints	
Osteoarthritis	3
Cardiovascular System:	
Acquired sideroblastic anemia	1
Cor Pulmonale	1
Congestive Failure	1
Beriberi Carditis	1
Myocardial infarction	1
Essential Hypertension	1
Arteriosclerotic Cardiovascular Disease	7
Hypertensive Cardiovascular Disease	2
Generalized Arteriosclerosis	5
Heart Block	1
Thrombocytopenia	1
Systemic:	
SM Hypersensitivity	3
INH Hypersensitivity	2
PAS Hypersensitivity	6
Lues	1
Malnutrition	1
Pyrazinamide Toxicity	1
Ethionamide Hypersensitivity	1
Barbiturate Addiction	1
Genitourinary	
Cystitis	4
Prostatic Hypertrophy	2
Vesical-cutaneous fistula	1
Glomerulonephritis	1
Ca of Prostate	1
Retained Placenta	1
Ca of Cervix, arrested	1
Chronic vaginitis	1
Chronic pelvic inflammatory disease	1

TABLE 16 -- REPORT OF OPERATING ROOM DEPARTMENT PROCEDURES -- 1972

BY OUR CONSULTANTS:	Major Surgery	Minor Surgery	Other Exams
E.E.N.T. PROCEDURES			
Bronchoscopies		9	
E.E.N.T Exams, consultations, etc.			1
laryngeal			1
UROLOGICAL PROCEDURES - Dr. D.B Archibald			
Cystoscopic exams		9	
Urethral Dilatation		2	
Exams, Rectal only			3
Transurethral prostatic resection		2	
BY OUR FULL-TIME MEDICAL STAFF			
Biopsy, scalene node		1	
Aspirations, chest		41	
other		-	
Lumbar Puncture		6	
Repair of Lacerations, etc		3	
Plaster casts		2	
Sigmoidoscopic and Proctoscopic			9
E.E.N.T. Exams			8
P.V. Exams			2
Caloric Testing			1
ANAESTHESIA			
Inhalation			0
Intravenous			1
Local			61
Topical			26
NURSING PROCEDURES (by O.R. Staff)			
Dressings, etc.			71
Ear Syringe, etc.			20
Injections			11
Postural Drainage			12
B C.G.			4

TABLE 17 -- REPORT OF CLINIC SERVICES:

OUT-PATIENT CHEST CLINICS		Patients	Visits
D.V.A.	- Patients	105	
	- Visits		120
OTHER	- Patients	170	
	- Visits		376
STAFF CLINICS:	- Patients	34	
	- Visits		126

TABLE 18: LABORATORY REPORT — UNITS OF WORK PERFORMED — 1972

	Total Exams	Unit Value	In-patient Units	Out-Patient Units	Total Units
HAEMATOLOGY:					
Bleeding Time	1	1	1	-	1
Coagulation Time	1	2	2	-	2
Differential	861	2	762	960	1722
Haematocrit	837	1	359	478	837
Haemoglobin	903	1	409	494	903
Platelet count	5	3	15	-	15
Reticulocyte count	13	3	39	-	39
E. Sedimentation rate	841	1	365	476	841
W.B.C.	948	1	387	561	948
			2339	2969	5308
URINALYSIS:					
Routine	477	2	906	48	954
Single constituents	5	1	1	4	5
			907	52	959
BIOCHEMISTRY:					
Bilirubin (direct + total)	9	4	32	4	36
Glucose	451	2	806	96	902
Glucose Tolerance	1	10	10	-	10
Icterus index	139	1	89	50	139
Non-Protein Nitrogen	223	4	884	8	892
Blood Urea Nitrogen	222	4	880	8	888
Acid Phosphatase	3	6	18	-	18
Alkaline Phosphatase	168	6	630	378	1008
Protein, A/G Ratio	22	6	132	-	132
Protein, total	14	3	42	-	42
Occult Blood	3	1	3	-	3
SGOT	404	5	1270	750	2020
SGPT	404	5	1270	750	2020
			6066	2044	8110
TB BACTERIOLOGY:					
T.B. Direct Smear	119	3	351	6	357
T.B. Concentrated Smear	442	4	1760	8	1768
Other miscellaneous slides	5	2	10	-	10
			2121	14	2135
CEREBROSPINAL FLUID:					
Cell count	4	1	-	4	4
Chloride	4	3	-	12	12
Protein	4	2	-	8	8
Sugar	4	2	-	8	8
			-	32	32
COLLECTING UNITS			1116	867	1983
QUALITY CONTROL UNITS	530				530
	530		12549	5978	19057

TABLE 19 (continued) — LAB WORK REFERRED TO OTHER LABORATORIES - 1972

	Total Exams	Unit Value	In-Patient Units	Out-Patient Units	Total Units
HAEMATOLOGY (see previous page)			33	32	65
BIOCHEMISTRY " " "			1135	101	1236
BACTERIOLOGY " " "			18335	62	18397
Environmental control	120				120
	120		20003	195	20318
URINALYSIS:					
Routine	1	2		2	2
Pregnancy	2	2	2	2	4
			2	4	6
SEROLOGY:					
V.D.R.L.	124	1	124	-	124
Wasserman, etc	15	2	30	-	30
Paul Bunnell	1	3	-	3	3
Cold Agglutinins	3	3	9	-	9
			163	3	166
BLOOD BANK:					
Cross Match	3	4	12	-	12
Group and Rh	2	2	4	-	4
			16	-	16
HISTOPATHOLOGY:					
Surgical tissues	3	8	24	-	24
Cytology - Sputum & bronchial	212	5	1060	-	1060
			1084	-	1084
TOTAL WORK REFERRED OUT:	120		21268	202	21590

TABLE 19: LABORATORY REPORT -- WORK REFERRED OUT TO OTHER LABORATORIES - 1972

	Total Exams	Unit Value	In-Patient Units	Out-Patient Units	Total Units
HAEMATOLOGY:					
Blood film + differential	1	3	3	-	3
Blood film	7	2	10	4	14
Differential only	7	2	2	12	14
Haematocrit	5	1	1	4	5
Haemoglobin	7	1	2	5	7
E. Sedimentation rate	3	1	1	2	3
W.B.C.	7	1	3	4	7
Platelet count	2	3	6	-	6
R.B.C.	2	1	1	1	2
M.C.H.C.	4	1	4	-	4
			33	32	65
BIOCHEMISTRY:					
Calcium	52	4	204	4	208
Cephalin Cholesterol Floc.	3	2	6	-	6
Chloride	52	3	153	3	156
Cholesterol	5	5	10	15	25
Creatinine	4	3	12	-	12
Glucose	5	2	6	4	10
Acid Phosphatase	1	6	6	-	6
Alkaline Phosphatase	3	6	12	6	18
Phosphorus	52	4	204	4	208
Potassium	52	3	153	3	156
Sodium	52	3	153	3	156
Thymol Turbidity	3	2	6	-	6
Uric Acid	5	3	-	15	15
Blood Urea Nitrogen	4	4	8	8	16
SGOT	13	5	55	10	65
SGPT	13	5	55	10	65
Thyroxine	6	4	8	16	24
Total Estrogens	1	30	30	-	30
Pregnandiol	1	24	24	-	24
Pregnantriol	1	30	30	-	30
			1135	101	1236
BACTERIOLOGY:					
T.B. cultures	2595	6	15558	12	15570
Other cultures - sputum	201	6	1176	30	1206
- urine	136	6	804	12	816
- blood	5	6	30	-	30
- miscellaneous	53	6	318	-	318
Other sensitivities	191	4	756	8	764
Fungi culture	27	7	189	-	189
Ova concentration	1	4	4	-	4
Environmental control	20	6			120
		120	18835	62	19017

TABLE 20 — AUTOPSY STATISTICS — 1972

Hospital deaths	3
(deaths due to Tb - 0)	
Autopsies	0
Autopsy Rate	0*

* Autopsy rate for 1971 - 44.4%
" " 1970 - 60 %

TABLE 21 — REPORT OF X-RAY DEPARTMENT — 1972

	In-Patient Exams	Out-Patient Exams	Staff Exams	Total Exams	T.M. Units	R.M. Units
Chest, single	299	749	336	1384	2768	2768
" multiple	133	32	2	167	501	334
" planigraph	100	13	-	113	565	565
Bronchogram, unilateral	10	-	-	10	40	40
" bilateral	1	-	-	1	5	6
Abdomen, flat	3	-	-	3	6	6
Gall Bladder	-	-	-	-	-	-
Pyelogram, intravenous	1	-	-	1	6	3
" retrograde	9	-	-	9	36	27
Bones and Joints:						
Ribs and shoulders	4	-	-	4	8	8
Skull and sinuses	-	-	-	-	-	-
Hips and Pelvis	10	-	-	10	20	20
Spinal Column	8	3	-	11	44	33
Extremities	7	3	2	12	24	24
X-ray examinations:	585	800	340	1725	4023	3834
Electrocardiograms	61	1	1	63	252	
Pulmonary Function Tests	8	12	-	20	100	

The above films were interpreted by our own medical staff. A few problem cases were referred to other radiologists, chiefly to Dr. J.R. Corbett, Radiologist at St. Rita Hospital, in consultation, and problem chest films were referred to the N.S. Sanatorium for opinion. Patients requiring G.I. series and other specialist examinations were referred to the out-patient departments of nearby general hospitals.

Electrocardiograms were referred to Doctor H.M. Holden at the N.S. Sana[illegible] for interpretation.

Most patients admitted to Point Edward Hospital or reporting to our out-patient chest clinics had had previous chest x-rays elsewhere. Whenever possible previous films were obtained and compared with our own films, as these comparative films taken over an interval of time gave a better indication of the stability or progression of a lesion than could a single examination. No exact count was kept of such previous films reviewed, but the figure would be well over 500 films or 1000 R.M. Units.

Braemore home patients were examined, and are included in "outpatients" above.